

Testimony of
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On Behalf of the
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“Breaking the Silver Ceiling: A new Generation of Older
Americans Redefining the New Rules of the Workplace”

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Thank you for allowing me to testify today on an important issue – eliminating barriers to work place entry by older workers.

I am Dr. Sharon Brangman, a Board certified geriatrician and Professor & Division Chief of Geriatric Medicine at SUNY Upstate Medical University. I appreciate the opportunity to participate today on behalf of the American Geriatrics Society (AGS), an organization of approximately 7,000 geriatricians and other health care professionals dedicated to the care of older adults.

Today I will discuss the following areas:

- A brief history of geriatrics;
- The general health status of Americans age 65 and older and projected life expectancy for these individuals over the next 30 years; and
- The positive mental and physical impact that working has on older Americans, focusing particularly on the emotional, social and health benefits of extended work.

Brief History of Geriatrics

Geriatricians are physicians who are experts in caring for older persons. Geriatric medicine promotes preventive care, with emphasis on care management and coordination that helps patients maintain functional independence in performing daily activities and improves their overall quality of life. With an interdisciplinary approach to medicine, geriatricians commonly work with a coordinated team of other providers such as nurses, pharmacists, social workers, and others. The geriatric team cares for the most complex and frail of the elderly population.

Geriatricians are primary-care-oriented physicians who are initially trained in family practice or internal medicine, and who, since 1994, are required to complete at least one additional year of fellowship training in geriatrics. Following their training, a geriatrician must pass an exam to be certified and then pass a recertifying exam every 10 years.

The Demographics of Persons Age 65 and Older

Our country is aging rapidly. In 1900, there were 3.1 million Americans age 65 and older, and, today, there are roughly 35.6 million aged persons. By the end of the next decade, we will see an even more dramatic increase in the growth of the older population, a result of the post World War II “baby boom”. By 2030, it is projected there will be about 71.5 million older persons, more than twice their number in 2000. People age 85 and older are the fastest growing segment of the entire population, with expected growth from 4 million people today to 20 million by 2050. The implications of this “demographic imperative” are dramatic.

In addition to longer life spans among our citizens as a result of public health measures, more prescription drugs and advances in medicine, the nature of illness is changing. Americans are not dying typically from acute diseases as they did in previous

generations. Americans can now live for many years with multiple chronic illnesses, rather than expect to face an acute illness and to die soon after onset. The Partnership for Solutions, a Robert Wood Johnson initiative, has found that about 78% of those over age 65 have at least one chronic condition while almost 63% have two or more. In general, the prevalence of chronic conditions increases with age – presumably persons over 65 with just one chronic condition or two minor chronic conditions would be able to enter and/or remain in the work force.

However, Americans are retiring earlier even as they live longer, healthier lives. As a result, they spend more time in retirement than ever before. In 1965, a typical male worker could expect to spend 13 years in retirement; today, he will spend 18 years. For working women the retirement span has increased from 16 years to 20.

The trend from a death at a relatively early age from an acute illness to living longer with an array of chronic diseases or some level of disability means that more people are able to work, even though they have some level of chronic disease or disability. Technological advances and health breakthroughs mean that the workplace can be adapted so that these individuals can continue gainful employment. Adaptations for visual impairment that were not available 10 – 20 years ago are now readily available.

Older workers can be broken down into two major groupings: skilled and unskilled/repetitive motion workers. Skilled workers are more likely to keep working or to want to keep working. In comparison, the physical demands of a repetitive motion job may cause this employee to seek retirement earlier. For this reason, we must not assume that all elderly persons can work indefinitely or, alternatively, can work in their primary mode of employment indefinitely. However, the job market has evolved with a lower percentage of workers involved in heavy labor jobs, such as mining, where the physical demands dictate early retirement. Thus, trends in life expectancy and the health of the population as well as in the work force would allow for many Americans to maintain their employment or pursue a new career as they reach 65 years.

The Positive Mental and Physical Impact that Working Has on Older Americans

Sixteen percent of older Americans who are no longer working report that they are unable to work – it appears that health problems can play a determining role in the work-retirement decision. As stated above, withdrawal from the work force for health reasons is more common for those in physically demanding jobs.

However, for the majority of older Americans, age does not pose a major barrier to working. While health problems do arise more frequently with age, these are gradual processes. Many of the severe conditions and limitations stereotypically associated with old age are more common among much older Americans, such as those ages 75 and older. Furthermore, deficiencies in adaptability and learning typically attributed to older workers are likely to be the product of environment and attitudes – of the older workers themselves, their employers and their co-workers – rather than a byproduct of their healthiness.

As a clinician, I see many patients who are able to work in some capacity. In many instances, working would allow for the most successful aging. “Successful or healthy aging” is a term often used by geriatricians to describe those older adults who remain active and involved with their families and communities, despite the presence of chronic illnesses. Geriatricians typically evaluate the physical, social and psychological aspects of their patient’s lives, since all these elements are critical to our patient’s ability to age well. These individuals would benefit from some type of work arrangement for the following reasons.

First, work place involvement creates more opportunities for community involvement. The work place maximizes interactions with the outer world for many older Americans, allowing for greater physical and mental stimulation for older adults.

Second, work place involvement creates opportunities for important intergenerational exchanges. All too often, older Americans socialize with persons their age, as do other age cohorts. Lack of intergenerational exchanges allows for the perpetuation of incorrect stereotypes about the capacity of older persons and their values. Some of my patients live far away from their younger family members, seeing them infrequently. Working can help compensate for these issues, allowing for important intergenerational exchanges that have a positive social and psychological impact on the aging process and feelings of increased involvement in society. Significantly, the benefit of this is bidirectional, with the younger generation learning as much if not more from the mentoring and experience being provided by the older generation.

Third, work place involvement has a physical benefit. Individuals who do not have enough activities to occupy their day – such as employment or even volunteering – are more likely to focus on their aches and pains and to allow these to have a greater significance in how they function. Working can be an investment in an individual’s longer-term health as it can help ward off worsening of existing medical conditions, depression and even minor sicknesses such as colds.

Another physical benefit of working is the increased physical activity that results from going to work. Recent studies have determined that exercise improves the health of older individuals. In fact, a study that appeared in the Archives of Internal Medicine indicated the importance of physical exercise in the elderly as a way of retarding the process of physical degeneration and enhancing the quality of life of the elderly. As an example, peripheral arterial disease (PAD), a disease that affects circulation in the legs and feet, can be prevented, reduced or even eliminated by exercising and diet modification. Physical activity can promote healthy aging. The current 65 and older generation is not as apt to go to the gym or engage in physical activity for the sake of exercise as younger generations. Employment, however, can provide physical benefits. I am reminded of a patient who delivers flowers six days a week and benefits from the walking involved in his job.

Fourth, work place involvement has a psychological benefit, specifically preventing or minimizing the onset of depression. Depression is not a normal part of aging; but, unfortunately, it is very common in the elderly. Late-life depression affects about 6 million Americans age 65 and older. Depression in later life frequently coexists with other medical illnesses and disabilities. In addition, advancing age is often accompanied by loss of key social support systems such as retirement. Because of their change in circumstances and the fact that they're expected to slow down, some elderly individuals are more likely to get depressed.

We believe that persons who remain in the work force demonstrate higher rates of feeling valued and of remaining a contributing member of society. Studies have shown that mental activities, such as those required by work, allow for greater brain functioning and decreased onset of depression. Decreased rates of depression mean that individuals will actually be less likely to get other illnesses associated with depression and will be more likely to function within their families, communities and the larger society.

Two patient anecdotes are relevant to today's hearing. The first patient is a highly successful and unmarried businessman who retired to Florida at age 75 to live with his 5 sisters. In Florida, his family pampered and spoiled him – a lifestyle that was new for him. The patient became depressed and lethargic and, because of these symptoms, ultimately moved back to Massachusetts. At that time, he started a new business, which has become nationally known, and, at age 85, he continues to work.

The second patient is a lawyer, 100 years old. He reports that his professional life is much easier when compared to his younger years as he can now pick and choose his clients and cases. He notes higher levels of job satisfaction and in discussions notes that his work has helped him live to be 100.

Conclusion

I would be remiss if I did not discuss the needs of geriatrics and the acute shortage the profession is facing. Today, there are approximately 7,598 certified geriatricians in the nation. While estimates of potential needs for geriatricians vary, most experts agree that our nation faces a severe and worsening geriatric workforce shortage, both in the area of clinical and academic geriatrics.

The Alliance for Aging Research estimated that another 14,000 geriatricians -- 20,000 in total -- are currently needed to adequately care for the elderly population. By 2030, they estimate the need to train 36,000 geriatricians. Based on both of these assumptions, our country lags far behind in training an adequate supply of clinical geriatricians to care for our nation's frail elderly. Senator Breaux, the Ranking Minority Member and other members of the Committee, such as Senators Reid and Lincoln have supported legislation that aims to provide incentives to train more geriatricians. I thank the distinguished members for their support.

Thank you for allowing me to address the Committee today. I look forward to working with you on this issue in the future.